



American Association of School Administrators

HR 5613, Protecting Medicaid Safety Net Act of 2008
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The job of the public school systems in the United States has historically been to provide children with an education that would allow them to become productive members of a democratic society while attaining basic skills in rudimentary learning. While this basic tenet has held true from the beginnings of our nation's history to the middle of the twentieth century, a major change developed with the passage of Public Law 94-142, the Individuals with Disabilities Education Act. This law mandated that all of the public schools in the United States would accept and educate all children. All children meant accepting those children that had previously been kept at home because no applicable public school setting was available. For you see, until the passage of this law, children with special needs and handicaps were simply left at home and it was up to their parents to provide any form of education. While those parents who had the financial means placed their children in special schools and other placements, the majority of those children were left to become dependent on their family for support and eventually dependent on the support of the social welfare system.

IDEA was the key that unlocked the door for those children to enter the same public schools as the children who were "normal". The difference is that schools now became

responsible for providing to special need students the services that they needed to become successful, including medical services. The services provided to these students ranged from speech therapy, to physical therapy, to providing on-site skilled nursing care to enable these children to attend public school.

An example of the success of public school systems and their acceptance of children with special needs would be a student by the name of Eduardo. Eduardo began school as a 3-year old. He came from a single parent, Spanish speaking household. He had one younger sibling. Eduardo was born with spina bifida, showing an atypical distribution of paralysis in his right leg. His only method of mobility at three was crawling on hands and knees. Early Childhood Intervention under IDEA, the program that serves children under that age of 3 before they can enter the public school systems, had plans to obtain a wheelchair for the child, but this was never accomplished.

Upon initial evaluation by the school physical therapist, it was discovered that Eduardo had enough muscle function in his right hip to possibly allow ambulation with a long-leg brace. The wheelchair was ordered, along with a walker to be used to teach Eduardo to walk. Referrals were made to the proper medical professionals to obtain the medical care and equipment that Eduardo needed to have functional mobility in a school setting. The school physical therapist has worked with Eduardo on functional skills, consulted with school personnel regarding his function and skill in mobility and other areas, and worked closely with orthotists for the manufacture of the long leg braces Eduardo has used.

Eduardo is now in the third grade in regular education classroom. He receives no special education services other than physical therapy. Using forearm crutches he is able to walk in all

areas of the school including the stairs, playground and he can even carry his own tray in the lunch room. He can board regular school buses and participates in regular PE with only minor modifications. He even had his name in the paper for being included in the 'Miler-club" with other elementary school children. Eduardo is still progressing in his mobility skills. He can walk short distances with one crutch and the long leg brace. With increased strength in both the right hip and left leg, he has the potential to walk regular distances using only one crutch and his brace.

The benefits of Eduardo being able to access these services in the public school are numerous. Because he came from a home that had little knowledge of the various services that could be offered, it was crucial that the school was there at the earliest stage possible. Without it, Eduardo would not have received the services that he needed to become a functional child. It is true that he was getting some medical care, but when it came to providing the needed services to enable Eduardo to become a productive member of society, those services were not made available to him until the appropriate professionals at his public school began providing them and insure his access to the proper programs and necessary equipment.

The issue today faced by schools across the country is the possible loss of Medicaid funding that makes such interventions possible. Medicaid funding to schools comes only when schools provide eligible services by qualified providers to those students that are entitled to such services. These are services that many children would never be able to utilize or realize the benefit of without the public schools. The reason for this can include parents not knowing what to do or where to go for the services to be accessed, parents not being financially able to leave work to access these services from another provider away from the school (the plight of the

working poor), or the distance being too far and the services being needed so frequently that it is cost prohibitive for parents to go to a medical provider for the services. Schools are appropriate providers of health care services. We can provide them with minimal educational disruption. Medicaid reimbursement has made it possible for school districts to provide these services for high poverty students.

The reality of school based services receiving Medicaid reimbursement is that there has been an attempt over the last several years to make the process so arduous and tedious that schools would simply throw up their hands and give up. It is simply not worth the hassle or effort. As a school superintendent from a rural community and as the fiscal agent that works with six other small rural districts, I do not have the luxury of saying that it is not worth the effort to receive a certain source of funding. I need of every dollar that I can find to assist the learning process of each student that is entrusted into my care. The common thread that has been seen over the past two to three years is to put up as many hurdles as possible to end the assistance that has been realized in the past from Medicaid for those students that qualify and receive these necessary services.

Time logs, service logs, coding of services, coding of personnel, are only the beginning of the paperwork that is now faced by those districts that seek to be reimbursed. The level of paperwork has increased so substantially that additional clerical resources are now allocated strictly to complete the Medicaid reimbursement process. The allocation of such resources is strictly monitored to determine the cost-benefit from seeking such dollars. The time is quickly approaching when the amount of paperwork and requirements to receive the funding will prohibit schools from seeking the funds. It is then that the covert goal of ending the program

will be fully realized. Not dying due to lack of need or the lack of children that would benefit from the program, but rather because of the bureaucracy has succeeded in making the process cost prohibitive.

It is then that students like Treyton who began school at age three will no longer realize the benefits that have been offered to them in the past. Treyton had been born at 26 weeks gestation and had multiple medical problems. Treyton's gross motor skills consisted of sitting and rolling from stomach to back. Treyton could not move into or out of any other position, and he had no method of mobility. Treyton is now 8 years old, and because of the intervention of therapy in school, he is able to crawl on his hands and knees, walk and climb stairs with guarded assistance, negotiate turns, and walk on the playground and all other areas of school and home. He is showing beginning skills in opening doors, stepping up and down curbs, and moving from hands and knees to standing.

Or, students like Judy will be left farther and farther behind because of the inability to access the services that she needs. Judy is a girl born with Down's syndrome. Her mother began bringing Judy to speech therapy at the school when she was 3 years old. Judy spoke in "gibberish" at the time. She could not label items and could not make her thoughts or needs known. Judy has attended speech therapy twice a week for the last 5 years. Judy is now very intelligible in conversational speech. She speaks in complete sentences and answers simple questions. Speech and language is definitely her strength and when she is re-evaluated at the end of this year, it is highly probable that she will be dismissed from speech therapy.

The additional services that are provided to these students are critical to their success in schools. These services are not luxuries, but rather are educational and medically necessary for

these students to be successful in learning the curriculum that has been established by our state and through the student's Individualized Education Program.

Will schools cease to provide such programs if the funding is lost? The reality is that public schools have sought to do the one thing that no other institution in our country either today or in its entire history has sought to do. Public schools take whoever walks through the door, regardless of their abilities, and seek to provide the most appropriate education as is allowed. That means that frequently we are educating children that have suffered a traumatic brain injury and who are not able to neither speak nor show any signs of recognizing any individual, to those students that must have feeding tubes to exist. Currently, children that look like my ten year old daughter Kaitlyn and fourteen year old son Ben are served in regular classrooms and are in the regular curriculum. That system that we would love to have all children be a part of and to be successful in for their public education experience and the benefits that can be offered no where else.

But the reality of the world is that for whatever reason and by whatever power, there have been children with special needs, and there are those children today and there will continue to be those children in the future that need additional services. Because there are children that cannot run, laugh, play, and learn like a "normal" child, we must provide these important services. It is a duty I feel I must in all good conscience and responsibility strive to provide. It is my job and I take it very seriously.

As the Center for Medicare and Medicaid Services has taken the steps this year to eliminate school based administrative and transportation services, I fear for our ability to provide these services. My community and my national association, AASA, are grateful for the

steps taken by Congress in December to apply a moratorium on any changes to school based services until June 30, 2008. We were even more pleased to see the introduction of HR 5613, the Protecting the Medicaid Safety Net Act of 2008, introduced by Chairman Dingell and Representative Murphy. This bill will provide us peace of mind until April 1, 2009 that we can continue to provide our services uninterrupted.

As a school administrator I will not walk away from my responsibility of educating any child that enters one of my schools. I will continue to seek resources where ever available to educate children. The reality of the public education system is that mandates come down regularly from the federal and state level with inadequate funding; but somehow and from somewhere, school administrators across this country are committed to the children they serve and will find the resources necessary to make sure that the Eduardors, Treytons, and Judys of this country have the same quality of education and end up with a quality of life that is comparable to my own children.

As a parent I want to know that if something tragic were to happen to either one of my children that they would receive the quality of services that they need to be successful in the classroom.

I have sat with parents in meetings where they struggle with understanding why their child has to endure the suffering that has been placed on them. These parents are not looking for miracles, but rather they are looking for whatever assistance that they can find. In the rural area that I serve the school is often the only social agency that parents know to turn to for their children. Without the schools these children will have to be served by our society and governmental agencies. The question to ask is whether we want those services provided to

them at the earliest and most beneficial moment in time, or do we wait until the need is so severe that intensive intervention is necessary.

I leave you with the story of Bob. Bob has been enrolled in pre-kindergarten for one and half years. He is unable to verbalize. Augmentative communication and sign language through speech therapy have been implemented. Bob is beginning to be able to communicate his wants and needs. He is beginning to smile and laugh at school, and participate in activities. Bob should enter kindergarten this coming fall. Are you ready to end the funding that allows Bob to be the success that he is today? Or do we strive to allow the funds that Bob and other children like Bob are entitled to flow in the manner in which they are the most efficient and effective.